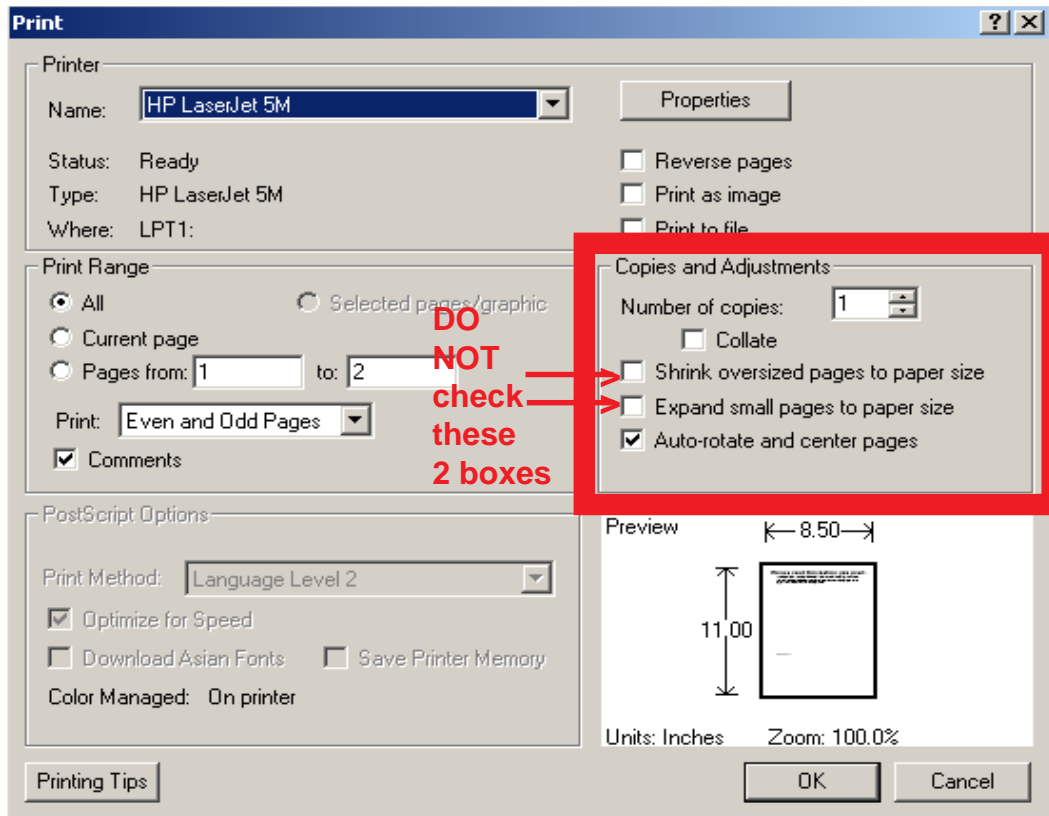


# Please read this before you print.

To print applications correctly, it is important to set up your print request as shown below. In the Adobe Acrobat Print dialog box, you must check the box “Auto-rotate and center pages.” Do **not** check the Shrink or Expand boxes.



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Health Professions Quality Assurance Division  
P.O. Box 1099  
Olympia, WA 98507-1099

## A. Contents: Massage License Application Packet

- 1. 676-094 .. Contents List/SSN Information/Deposit Slip ..... 1 page
- 2. 676-096 .. License Application Instructions ..... 4 pages
- 3. 676-093 .. Massage License Application ..... 4 pages
- 4. 676-098 .. Jurisprudence Exam ..... 4 pages
- 5. 676-097 .. Washington State Massage Program Certification of License and Examination ..... 2 pages
- 6. 676-110 .. Board of Massage—School Completion Form ..... 1 page

## B. Important Social Security Number Information:

- \* Federal and state laws require the Department of Health to collect your Social Security Number before your professional license can be issued. A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted. If you submit an application but do not provide your Social Security Number, you will not be issued a professional license and your application fee is not refundable.
- \* Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 42 USC 666, RCW 26.23 and WAC 246-12-340.

## C. In order to process your request:

- 1. Complete the Deposit Slip below.
- 2. Cut Deposit Slip from this form on the dotted line below.
- 3. Send application with check and Deposit Slip to **PO Box 1099, Olympia, WA 98507-1099.**



Cut along this line and return the form below with your completed application and fees.



**Massage**

**DEPOSIT SLIP**

NAME (Please Print)

Revenue Section  
P.O. Box 1099  
Olympia, Washington 98507-1099

DATE

Please note amount enclosed, and return  
with your application.

\$

☐ Check  
☐ Money Order

DOH 676-094 (REV 12/2003)

1F 0242010000 00226

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## License Application Instructions

You should only be using this application if you have:

- a) completed a Washington State Approved Massage Program AND passed the National Certification Examination (NCE). **(See Section One of Application Instructions)**

OR

- b) a current license in a Washington State Approved Jurisdiction. **(See Section Two of Application Instructions)**

### Section One

### Application Instructions

**For applicants who have completed a Washington State approved program AND passed the National Exam**

1. **Applicant Information.** Complete in full and attach a current passport type photograph (approximately 2 x 2 inches). We do not accept polaroids or photo copied pictures. Sign and date across the bottom or back of photo.
2. **Previous License.** Complete the applicant's side of the *Certification of Licensure and Examination* form and send to **all** jurisdictions where previously or currently licensed. Request their office complete the licensing and/or jurisdiction side of the form and return directly to our office. This form may be duplicated as needed. (If you have never held a license as a health care professional in any jurisdiction, please indicate none.)

State/Jurisdiction—	List all previous or current jurisdictions you have been licensed in.
License Type—	List the type of license issued (Massage, Nursing, etc.)
Method of Licensure—	List the way in which you were licensed (Exam, Endorsement, etc.)
Year Issued—	The date that you were issued your license.
Number—	The license number you were issued.
Expiration Date—	The date that the license will expire.
3. **Education & Examination.** List the *Washington State approved school, program, or apprenticeship program* you completed. Make sure your completion date is after the date the Board of Massage granted approval to the school, program or apprenticeship program. The School Completion Form will need to be stamped and signed by the school registrar and included with your application. You will need to contact the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) at 1-800-296-0664 to request that an official copy of your score report be sent directly to our office at Department of Health, Massage Program, PO Box 47867, Olympia, WA 98504-7867. Either the National Certification Exam (NCE) or the National Licensing Exam (NLE) option will be accepted for licensure.

4. **Personal Data Questions.** Answer all questions and attach supporting documents where applicable. Be advised that any statement you make may be used in an adjudicative proceeding, if such proceeding were to be conducted under the Uniform Disciplinary Act. You may consult with an attorney at your own expense prior to making a statement or providing additional documentation.

**If you answered yes to any of the 13 personal data questions, please submit the appropriate supporting documentation as indicated on the application.**

5. **AIDS Education and Training Attestation.** Initial and date the attestation if you have completed the required training.

Training in HIV-AIDS is mandatory for health care practitioners in Washington. Health care professionals that do not come in contact with body fluids are required to have a minimum of 4 contact hours of education. Training can be obtained from local community hospitals and colleges. (WAC 246-12-270 pg. 38 of The Law Relating to Massage Therapy.) A list of HIV-Aids training can also be found on the web at [http://www.doh.wa.gov/cfh/HIV\\_AIDS/Prev\\_Edu/training.htm](http://www.doh.wa.gov/cfh/HIV_AIDS/Prev_Edu/training.htm).

6. **Applicant's Attestation.** Read carefully. Sign and date the attestation.
7. **Jurisprudence Exam.** Submit the completed Washington State Massage Jurisprudence Exam.
8. **CPR and First Aid.** Submit a photocopy, **front and back**, of your current Red Cross First Aid card and American Heart Association CPR card (or equivalent) showing the expiration dates. These are not needed if this information is included on your School Completion form.

## Section Two

## Application Instructions

**For applicants who are currently licensed  
in a Washington approved jurisdiction.**

1. **Applicant Information.** Complete in full and attach a current passport type photograph (approximately 2 x 2 inches). We do not accept polaroids or photo copied pictures. Sign and date across the bottom or back of photo.
2. **Previous License.** Complete the applicant's side of the *Certification of Licensure and Examination* form and send to **all** jurisdictions where previously or currently licensed. Request their office complete the licensing and/or jurisdiction side of the form and return directly to our office. This form may be duplicated as needed.

State/Jurisdiction—	List all previous or current jurisdictions you have been licensed in.
License Type—	List the type of license issued (Massage, Nursing, etc.)
Method of Licensure—	List the way in which you were licensed (Exam, Endorsement, etc.)
Year Issued—	The date that you were issued your license.
Number—	The license number you were issued.
Expiration Date—	The date that the license will expire.

An applicant holding a **current valid** license to practice massage in another state or jurisdiction may be granted a license without examination if the examination and education requirements are determined to be substantially equivalent to Washington's. *(Please contact this office at (360) 236-4700 to find out the current status of the jurisdiction you are licensed in.)* A copy of the education requirements and the content outline of the examination administered by the licensing agency must be provided. This information will be forwarded to a reviewing board member and presented at the next available Board of Massage meeting for a decision. Please note that this process is used to determine the equivalency of a jurisdiction's licensing requirements and is not a review of your personal credentials.

3. **Education & Examination.** List the Massage education program that you attended.
4. **Personal Data Questions.** Answer all questions and attach supporting documents where applicable. Be advised that any statement you make may be used in an adjudicative proceeding, if such proceeding were to be conducted under the Uniform Disciplinary Act. You may consult with an attorney at your own expense prior to making a statement or providing additional documentation.
5. **AIDS Education and Training Attestation.** Initial and date the attestation if you have completed the required training.

Training in HIV-AIDS is mandatory for health care practitioners in Washington. Health care professionals that do not come in contact with body fluids are required to have a minimum of 4 contact hours of education. Training can be obtained from local community hospitals and colleges. (WAC 246-12-270 pg. 38 of The Law Relating to Massage Therapy.) A list of HIV-Aids training can also be found on the web at [http://www.doh.wa.gov/cfh/HIV\\_AIDS/Prev\\_Edu/training.htm](http://www.doh.wa.gov/cfh/HIV_AIDS/Prev_Edu/training.htm).

6. **Applicant's Attestation.** Read carefully. Sign and date the attestation.
7. **Jurisprudence Exam.** Submit the completed Washington State Massage Jurisprudence Exam.
8. **CPR and First Aid.** Submit a photocopy, **front and back**, of your current Red Cross First Aid card and American Heart Association CPR card (or equivalent) showing the expiration dates.

## **General Application Information**

- Applications will not be considered complete until **all** supporting documents have been received by this office. Documents submitted in support of the application must refer to the same name as that on the application to prevent delay in completing the process.
- Submit the initial license fee with the completed application to the Department of Health, Health Professions Quality Assurance, Massage Program, PO Box 1099, Olympia, Washington 98504-1099. Make all checks or money orders payable to the Washington State Department of Health. Note: **All fees are non-refundable.**
- Criminal history checks are conducted for all massage license applicants.
- The initial license will expire on the practitioner's birthday.
- Initial licenses issued within ninety days of the practitioner's birthday do not expire until the practitioner's next birthday.
- If you have any questions, you may call us at **(360) 236-4700** during normal business hours.

## Application Checklist

Thank you for applying to become a Licensed Massage Practitioner in Washington State. In order to expedite the licensure process, we ask that prior to submitting your application you ensure that the following information has been included.

- ☐ \$50 Application Fee
- ☐ Current Photograph.
- ☐ AIDS Education and Training Attestation, initialed and dated.
- ☐ Applicant's Attestation, signed and dated.
- ☐ Completed Jurisprudence Exam
- ☐ Official transcript in sealed envelope or an original School Completion Form stamped and signed by the registrar from an approved Washington State Massage Program or Apprenticeship.

Also the following require primary source verification and will only be accepted when mailed directly to the department from the source. These items should **NOT** be included with your application. They should be sent directly to the Department of Health, Massage Program, PO Box 47867, Olympia, WA 98504-7867.

- ☐ Official exam score report from the NCBTMB.
- OR
- ☐ The certification of License and Examination Form from a Washington State Massage Board approved jurisdiction.

**Criminal history checks are conducted for all massage license applicants. If you answered yes to any of the 13 personal data questions, please submit the appropriate supporting documentation as indicated on the application.**

While we appreciate your interest in obtaining your license, in order to allow our office to continue the processing of applications in a timely manner, we request that you not call regarding the status of your application for 3 weeks from the date it was submitted.

- The initial license will expire on your birthday.
- Initial licenses issued within ninety days of your birthday will expire on your next birthday.
- You will receive a courtesy renewal notice if your license and address are kept up-to-date. Any renewal postmarked or presented to the department after midnight on the expiration date is late.
- Information regarding the Massage Program is also available on our website at [https://fortress.wa.gov/doh/hpqa1/hps3/Massage\\_Therapy/default.htm](https://fortress.wa.gov/doh/hpqa1/hps3/Massage_Therapy/default.htm).

**NOTE: You cannot practice massage until your license is issued.**





Health Professions Quality Assurance Division  
P.O. Box 1099  
Olympia, WA 98507-1099

**FOR OFFICE USE ONLY**

<input type="checkbox"/> Application	<input type="checkbox"/> Fee	<input type="checkbox"/> CPR
<input type="checkbox"/> AIDS	<input type="checkbox"/> First Aid	<input type="checkbox"/> Law Review
<input type="checkbox"/> Transcripts	<input type="checkbox"/> NCETMB	<input type="checkbox"/> Verification
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LICENSE #

**Massage License Application**

☐ I have completed an Approved Massage Program and passed the National Certification Exam ☐ I am licensed in an Approved Jurisdiction

**Please Type or Print Clearly**—Follow carefully all instructions in the general instructions provided. It is the responsibility of the applicant to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application. All applications must be accompanied by applicable fee (non-refundable). Make remittance payable to the Department of Health.

**1. Demographic Information**

APPLICANT'S NAME	LAST	FIRST	MIDDLE INITIAL
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
TELEPHONE (ENTER THE NUMBER AT WHICH YOU CAN BE REACHED DURING NORMAL BUSINESS HOURS.) (      )	RESIDENCE TELEPHONE (      )	SOCIAL SECURITY NUMBER (Required for license under 42 USC 666 and Chapter 26.23 RCW) —      —	

GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHDATE	<div>Attach Current Photograph Here. Indicate Date Taken and Sign in Ink Across Bottom of the Photo. NOTE: Photograph <b>Must</b> BE: 1. Original, not a photocopy 2. No larger than 2" x 2" 3. Taken within one year of application 4. Close up, front view—not profile 5. Instant Polaroid Photographs <b>not</b> acceptable</div>
Have you ever applied for a Washington license before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list		
Have you ever been known by any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list		

**2. Previous Licensure**

List all states and/or jurisdictions in which you have been licensed as a massage practitioner.

☐ I have never been licensed, certified, or registered in any state jurisdiction.

STATE/JURISDICTION	LICENSE TYPE	METHOD OF LICENSE	LICENSE		EXPIRATION DATE
			YR ISSUED	NUMBER	

**3. Education and Examination**

List the Washington State Board of Massage Approved School

FULL NAME OF APPROVED SCHOOL CITY AND STATE	ATTENDANCE		HOURS COMPLETED
	ENTERED (MO/YR)	COMPLETED (MO/YR)	

#### 4. Personal Data Questions

YES NO

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain. .... ☐ ☐
- “Medical Condition”** includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.
- 1a. If you answered “yes” to question 1, please explain whether and how the limitations or impairments caused by your medical condition are reduced or eliminated because you receive ongoing treatment (with or without medications).
- 1b. If you answered “yes” to question 1, please explain whether and how the limitations and impairments caused by your medical condition are reduced or eliminated because of your field of practice, the setting or the manner in which you have chosen to practice.
- (If you answered “yes” to question 1, the licensing authority (Board/Commission or Department as appropriate) will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition, the treatment ongoing, and the factors in “1b” so as to determine whether an unrestricted license should be issued, whether conditions should be imposed or whether you are not eligible for licensure.)
2. Do you currently use chemical substance(s) in any way which impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain. .... ☐ ☐
- “Currently”** means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, and includes at least the past two years.
- “Chemical substances”** includes alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.
3. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or frotteurism? .... ☐ ☐
4. Are you currently engaged in the illegal use of controlled substances? .... ☐ ☐
- “Currently”** means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, and includes at least the past two years.
- “Illegal use of controlled substances”** means the use of controlled substances obtained illegally (e.g., heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care practitioner.
- Note:** If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders.
5. Have you ever been convicted, entered a plea of guilty, nolo contendere or a plea of similar effect, or had prosecution or sentence deferred or suspended, in connection with: .... ☐ ☐
- a. the use or distribution of controlled substances or legend drugs? .... ☐ ☐
- b. a charge of a sex offense? .... ☐ ☐
- c. any other crime, other than minor traffic infractions? (Including driving under the influence and reckless driving) ..... ☐ ☐
6. Have you ever been found in any civil, administrative or criminal proceedings to have: .... ☐ ☐
- a. possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or legend drugs, violated any drug law, or prescribed controlled substances for yourself? .... ☐ ☐
- b. committed any act involving moral turpitude, dishonesty or corruption? .... ☐ ☐
- c. violated any state or federal law or rule regulating the practice of a health care professional? .... ☐ ☐
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If “yes”, explain and provide copies of all judgments, decisions, and agreements. .... ☐ ☐
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority, or have you ever surrendered such credential to avoid or in connection with action by such authority? .... ☐ ☐
9. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence or malpractice in connection with the practice of a health care profession? .... ☐ ☐

## 5. AIDS Education and Training Attestation

I certify I have completed the minimum of four hours of education in the prevention, transmission and treatment of AIDS, which included the topics of etiology and epidemiology, testing and counseling, infectious control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and the psychosocial issues to include special population considerations. I understand I must maintain records documenting said education for two (2) years and be prepared to submit those records to the Department if requested. I understand that should I provide any false information, my certification may be denied, or if issued, suspended or revoked.

APPLICANT'S INITIALS	DATE

## 6. Applicant's Attestation

I, \_\_\_\_\_, certify that I am the person described and identified in  
Name of Applicant

this application; that I have read RCW 18.130.170 and 180 of the Uniform Disciplinary Act; and that I have answered all questions truthfully and completely, and the documentation provided in support of my application is, to the best of my knowledge, accurate. I further understand that the Department of Health may require additional information from me prior to making a determination regarding my application, and may independently validate conviction records with official state or federal databases.

I hereby authorize all hospitals, institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Department any information files or records required by the Department in connection with processing this application.

I further affirm that I will keep the Department informed of any criminal charges and/or physical or mental conditions which jeopardize the quality of care rendered by me to the public.

Should I furnish any false or misleading information on this application, I hereby understand that such act shall constitute cause for the denial, suspension, or revocation of my license to practice in the State of Washington.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**Official Use Only**

**Washington State Records Center**



Washington State Department of  
Health Professions Quality Assurance Division  
Massage Program  
P.O. Box 1099  
Olympia, WA 98507-1099

## **Jurisprudence Exam**

1. Who has the power to adopt rules (WACs) for the massage profession?
  - a. The Attorney General
  - b. The Board of Massage
  - c. The individual practitioner
  - d. The American Massage Therapy Association
2. Any person licensed to practice as a massage practitioner in this state may use the abbreviation:
  - a. M.T.
  - b. L.M.
  - c. L.M.P.
  - d. M.P.L.
3. When is it appropriate to have sexual relations with a client?
  - a. After you have known him/her for several years
  - b. Anytime, as long as it is away from the place of business
  - c. After you are paid and then only if you are dating
  - d. It is never appropriate
4. Which of the following does NOT qualify for continuing education?
  - a. Specialized training in massage therapy via internet correspondence courses
  - b. Business and management courses not to exceed six hours
  - c. Viewing of educational video tapes not to exceed four hours
  - d. First Aid, CPR or emergency related classes
5. Acts of moral turpitude, dishonesty or corruption related to the profession are considered:
  - a. Lawful violation
  - b. Misrepresentation
  - c. Unprofessional conduct
  - d. Violation of compliance

6. A massage practitioner fails to comply with a disciplinary order. This action constitutes:
  - a. Negligence
  - b. Misrepresentation
  - c. Unprofessional conduct
  - d. Grounds for immediate license suspension
7. Which of the following is **NOT** within the scope of practice of a licensed massage practitioner?
  - a. Assess which soft tissue(s) need(s) massage therapy
  - b. Treat injuries from physician referrals
  - c. Recommend stretching exercises for homework
  - d. Give colonic treatments
8. Who does the Uniform Disciplinary Act regulate?
  - a. Health and health related professions
  - b. All licensed professions
  - c. All regulated professions
  - d. Licensed massage practitioners only
9. All Washington State Massage Practitioners' licenses expire annually on:
  - a. January 1st
  - b. Licensee's date of birth
  - c. Date licensee passed exam
  - d. April 15th
10. What form of practitioner identification must be present in a display advertisement?
  - a. Birth date
  - b. Massage license number
  - c. Driver's license number
  - d. Revenue registration number
11. According to the Massage Act (RCW 18.108), a license is mandatory for an individual who:
  - a. Gives a massage to a member of his/her immediate family
  - b. Practices at the athletic department of any institution maintained by public funds
  - c. Gives a massage to a professional athlete for a fee
  - d. Is licensed under another profession and who is performing a service within the scope of practice of that profession

12. No person may practice as a massage practitioner without first:
- Receiving a license to practice
  - Completing 500 hours of education
  - Receiving certification from the AMTA
  - Passing the National Certification Exam
13. The disciplinary authority for the massage profession is granted to the:
- Secretary of the Department of Health
  - Board of Massage
  - Office of the Attorney General
  - AMTA
14. An approved massage education program shall run for at least:
- Four months
  - Six months
  - One year
  - Two years
15. Advertising procedures or services that are outside the scope of practice:
- Is prohibited by state law
  - Is permissible with appropriate post-graduate training
  - Requires out of state confirmation of clinical competence
  - Requires assurances that direct supervision is provided in the facility
16. A massage practitioner does **NOT** need client consent to release information if it is:
- Compelled by law
  - Needed for public health records
  - Requested by the patient's employer
  - Requested by the patient's family or spouse
17. How many hours of continuing education are required in Washington State for the renewal of a massage license?
- 16 hours every two years
  - 16 hours every year
  - No continuing education requirement
  - 32 hours every two years

18. An individual, who in good faith, files a complaint against a massage practitioner charging unprofessional conduct is:
- a. Immune from any civil action suit related to the complaint
  - b. Required to appear in person at every hearing related to the complainant
  - c. Entitled to the full refund of any payment for massage service rendered
  - d. Entitled to compensation in the amount of the designated civil penalties
19. The practice of massage therapy on animals for a fee is only allowed by veterinarians and which of the following?
- a. Licensed massage practitioners
  - b. Anyone
  - c. Licensed massage practitioners holding an animal massage endorsement
  - d. All of the above
20. A massage license allows an individual to provide all of the following services except:
- a. Trigger point therapy
  - b. Myofascial Release
  - c. Cranial Sacral Therapy
  - d. Skin exfoliation





Washington State Department of

Health

Health Professions Quality Assurance Division

P.O. Box 1099

Olympia, WA 98507-1099

## Washington State Massage Program Certification of License and Examination

To Applicant:

Please complete this side of form and send it to all state and/or jurisdiction where you are licensed. Instruct them to return the form directly to the address listed below. Make a copy of this form if you are licensed in more than one state and/or jurisdiction. Licensing agencies normally charge a fee to verify a license. Please check in advance to help expedite this process.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Any other names used: \_\_\_\_\_

Name of massage program completed: \_\_\_\_\_

\_\_\_\_\_

Massage license number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Have the licensing agency return this completed form to:

Department of Health

Massage Program

PO Box 47868

Olympia, WA 98504-7868

If you have any questions, please call (360) 236-4835. Thank you.

(over)

**(To be completed by the State and/or Jurisdiction)**

To the Licensing State and/or Jurisdiction:

Please complete this form regarding the applicant listed on the reverse. Send a **copy of your current statutes** and **an outline of the examination** the applicant took. Submit the information and this form to the address on the reverse. Thank you.

Name of licensed practitioner: \_\_\_\_\_

Authority providing verification: \_\_\_\_\_

Name of massage program completed: \_\_\_\_\_

\_\_\_\_\_

Number of hours required: \_\_\_\_\_

Date completed: \_\_\_\_\_

Applicant was licensed by:

Written Examination: \_\_\_\_\_ Date: \_\_\_\_\_ Score: \_\_\_\_\_

Other Examination: \_\_\_\_\_ Waiver: \_\_\_\_\_ Year: \_\_\_\_\_

Is license current? ☐ Yes ☐ No Expiration date: \_\_\_\_\_  
Active Inactive

Has this license ever been: ☐ suspended ☐ revoked ☐ surrendered

(If yes, could you please provide a copy of any Final Order or other documentation.)

Signature: \_\_\_\_\_

(SEAL)

Title: \_\_\_\_\_

Date: \_\_\_\_\_



Health Professions Quality Assurance Division  
P.O. Box 1099  
Olympia, WA 98507-1099

## Board of Massage—School Completion Form

This form must be presented to the test center at the time of examination. Candidates who arrive for the examination without this form or with an incomplete form will not be allowed to test.

Candidate Name: \_\_\_\_\_

### Training:

Name of Program \_\_\_\_\_

Date Program Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Hours Completed: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**School  
Stamp**

Training Provided By: \_\_\_\_\_

Date Training Completed:  
Month/Day/Year

First Aid: \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

CPR: \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

AIDS Education: \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

### Previous Licensure:

List all states and/or jurisdictions in which you have been credentialed as a health care provider.

☐ I have never been credentialed as a health care provider in any other state or jurisdiction.

State/Jurisdiction	License Type	License Number	Year Issued	Expiration Date